

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Vision: To be the **Healthiest State** in the Nation

JACKSONVILLE SUPPLY ORDER FORM
PLEASE FAX THIS REQUEST TO: 904-791-1637

BUREAU OF PUBLIC HEALTH LABORATORIES-SHIPPIING & RECEIVING
1217 N. PEARL STREET JACKSONVILLE, FL 32202
PHONE: 904-791-1571 FAX: 904-791-1637

ITEM		QUANTITY ORDERED
APTIMA SWAB COLLECTION KITS (Purple box-50/box)		
APTIMA URINE COLLECTION KITS (Yellow box-50/box)		
APTIMA VAGINAL SWAB COLLECTION KITS (Orange box-50/box)		
MIXED MAILER CANISTERS (25-30 per case)		
TB SPUTUM CANISTERS (PINK CANS) (Includes: Forms & Conical Tubes (25/case)		
O&P STOOL CANISTERS (BLUE CANS) (Includes: Forms & Media (25/case)		
ENTERIC STOOL CANISTER (WHITE CANS) (Includes: Forms & Media (25/case)		
O&P <u>MEDIA ONLY</u> (Total Fix-25/box)		
ENTERIC <u>MEDIA ONLY</u> (C&S Medium-25/box)		
THAYER-MARTIN GC PLATES (10/box)		
(DH 1847) LABORATORY REQUISITION FORMS (100/pack)		
(DH 641) NON POTABLE WATER FORMS (Bacteriological Analysis form-50/pack)		
(DH655) DRINKING WATER FORMS (Bacteriological Analysis form-50/pack)		
(DH959) RABIES FORM (25/pack)		
PERTUSSIS E-SWABS (each)		
STYROFOAM COOLERS	XL-Single/LG- 2 in stack/ MED- 3 in stack/ SM- 4 in stack	
COMMENTS:		

PLEASE (LEGIBLY) COMPLETE FORM BEFORE FAXING TO: 904-791-1637. ALLOW (7) SEVEN TO (10) TEN BUSINESS DAYS TO PROCESS ORDERS.

DATE REQUESTED: _____

FACILITY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____

REQUESTED BY PERSON/DEPARTMENT: _____